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FEC FORM 1		STATEMENT OF ORGANIZATION				Office Use Only			
NAME OF COMMITTEE (in	full)	(Check if name is changed)		xample:If typing, type ver the lines.	12FE4	_	Juy		
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			CITY		STATE	ZI	P CODE		
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only o	ne e-mail :	address)					
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2. DATE	4 6	å ' L ò i ò			·	·			
3. FEC IDENTIFIC	CATION NU	IMBER C	004	177984					
4. IS THIS STATE	MENT	NEW (N) OI	3 ,	AMENDED (A					
I certify that I have e	examined th	is Statement and to the	best of m	y knowledge and beli	ief it is true, cor	rect and comple	ete.		
Type or Print Name	of Treasurer	Many	K251	un Pat	Zwahl		······································		
Signature of Treasure	er \	and the	7	mul	Date	4 12	- ZÓID		
NOTE: Submission of		ous, or incomplete information of the complete information of the complete in the complete information of the comp	-	•	-	-	s of 2 U.S.C. §437g.		
Office Use Only				For further informati Federal Election Com Toll Free 800-424-953 Local 202-694-1100	mission		FORM 1 ed 02/2009)		